



Backflow Prevention Assembly Test Report

Name of Premises				
Service Address				
Location of Assembly				
Manufacturer		Model	Size	Serial Number
Type of Assembly <input type="checkbox"/> RPBA <input type="checkbox"/> DCVA <input type="checkbox"/> PVB			Line Pressure at Time of Test	
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	<input type="checkbox"/> Held At _____ Press. <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ Reduced Pressure <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened At _____ Press. <input type="checkbox"/> Did Not Open
R e p a i r s	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned Replaced: <input type="checkbox"/> Disc, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Spring Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Check Valve Held At _____ Press. <input type="checkbox"/> Leaked
				<input type="checkbox"/> Cleaned Replaced: Air Inlet <input type="checkbox"/> Disc <input type="checkbox"/> Check Disc Air Inlet <input type="checkbox"/> Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other, Describe
Final Test	RP _____ Press. <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened At _____ Reduced Pressure	Air _____ Press. Check Valve _____ Press.
Remarks				
The Above Report is Certified to Be True				
Initial Test Performed By		Organization	Certificate Number	Date
Repaired By				Date
Final Test Performed By		Organization	Certificate Number	Date